

# Is Your Client a Smoker?

## Tobacco and Risk Selection in Life Insurance

Today, the most prevalent definition of a "tobacco user" includes anyone who has used tobacco in any form, including oral (snuff, chewing tobacco), as well as anyone consuming nicotine in any form. The latter involves nicotine therapies (the patch, gum, etc.) used, in the vast majority of cases, by persons trying to wean themselves from tobacco use.

Any type of regular tobacco use is associated with excess mortality and morbidity. Tobacco, smoked or chewed, inhaled or not, is a major carcinogen. Individuals using nicotine replacement in the form of the gum or the patch are, unfortunately, at a very high risk for relapse to their original delivery system.

A significant percentage of individuals who use tobacco show evidence of "smoker's amnesia" when they seek insurance coverage. This malady strikes at all-too-predictable times (fact finding interviews, at the completion of the application and personal history interviews).

Insurers take tobacco use very seriously. If an individual opts to misrepresent his tobacco use and if that misrepresentation is discovered by the insurer at a time when there is an available legal remedy (reformation, rescission or denial of a claim), assume that the appropriate remedy will be accessed. The courts have agreed with the argument that tobacco use is material.

Prospective life and disability insurance buyers need to understand that if they misrepresent their true tobacco use at the time of the application and if the insurance is issued and placed in force on a "non-smoker" or "non-user" basis, they are at risk for those legal remedies. Their "death benefit" might become little more than the sum of the premiums they have paid.

### Cotinine (Nicotine) Testing

Often referred to as a "nicotine test", this test actually measures nicotine's main metabolite, cotinine. Nicotine is a tenaciously addicting psychoactive drug with a very short life span in the body; it is rapidly converted into cotinine. Cotinine remains in the body much longer, making it an ideal substance to screen for tobacco use.

How long, measured from the last tobacco use, will the cotinine test remain positive? A number of factors influence the metabolizing of nicotine into cotinine and its subsequent clearance from the body. Among the factors are the amount of tobacco consumed, the form in which it is used, the presence of other substances which might compete for the use of metabolizing enzymes, that cotinine is fat soluble and can persist longer in persons who are obese, as well as the state of hydration of the individual.

Anything that contains tobacco contains nicotine. Thus, pipe smoking, cigar smokers and oral tobacco users will all have cotinine in their urine. The same is true for individuals who use nicotine-laced chewing gum or use a transdermal nicotine patch.

There is one significant exception to the rule which states that users will test positive for cotinine: Individuals who smoked ***but did not inhale*** cigars were found to test negative for cotinine on both urine and oral fluid tests. The implications are important because **some** insurers now allow an **(strictly defined)** "occasional" cigar smoker, especially one who has never smoked cigarettes, to qualify as a "non-user" of tobacco for underwriting purposes.

Will "passive smokers" – chronic exposure to tobacco smoke by non-smokers, especially in poorly ventilated environments – have measurable quantities of cotinine in their urine? Yes. However, this answer is deceiving in an underwriting context. The threshold level of cotinine required for a positive insurance test has been intentionally set several times higher than the highest level of cotinine ever recorded in a "passive smoker". The bottom line is that "passive smoking" is never a valid explanation for a positive test in an ostensibly "non-smoking" applicant.

The practice of consuming Betel (or areca) nut also produces cotinine in the body and is common in most Asian countries and India. Persons who emigrate from Asia often continue their consumption of Betel nut. Betel nut is seeds from the 'Areca catechu' plant and is sometimes consumed with tobacco. Even if that is not the case, certain substances in Betel nut, known as alkaloids, can cause a positive cotinine test. Insurers consider the use of Betel nut to be the equivalent to tobacco use for underwriting purposes because, like oral tobacco products, Betel nut is strongly associated with mouth cancer, stomach cancer, and/or cardiovascular impairment.

Although the majority of insurance cotinine testing is performed on urine specimens, cotinine is also readily detectable in blood and oral fluid samples. Serum (blood) cotinine tests are sometimes ordered as reflex tests to confirm the presence of cotinine. Oral fluid cotinine testing is becoming more prevalent in the insurance industry.

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